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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|  |                         |
|--|-------------------------|
| Application Number                       | 10/698,002              |
| Filing Date                              | October 30, 2003        |
| First Named Inventor                     | Shinobu Sakurada et al. |
| Art Unit                                 | 1772                    |
| Examiner Name                            | Sow-Fun Hon             |
| Total Number of Pages in This Submission | 1                       |
| Attorney Docket Number                   | 1300-000008             |

## ENCLOSURES (check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="text-align: center;"><b>Return Receipt Postcard</b></div> |
| <span style="border: 1px solid black; padding: 2px;">Remarks</span>  |  | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                  |          |        |
|--------------|----------------------------------|----------|--------|
| Firm Name    | Harness, Dickey & Pierce, P.L.C. |          |        |
| Signature    |                                  |          |        |
| Printed name | Michael E. Hilton                |          |        |
| Date         | November 13, 2007                | Reg. No. | 33,509 |

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| Typed or printed name | Michael E. Hilton | Express Mail Label No. | EM 061 814 074 US (11/13/2007) |
| Signature             |                   | Date                   | November 13, 2007              |

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EM 061 814 074 US



# FEE TRANSMITTAL for FY 2008

Effective 2/8/2006. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 120

| <i>Complete if Known</i> |                         |
|--------------------------|-------------------------|
| Application Number       | 10/698,002              |
| Filing Date              | October 30, 2003        |
| First Named Inventor     | Shinobu Sakurada et al. |
| Examiner Name            | Sow-Fun Hon             |
| Art Unit                 | 1772                    |
| Attorney Docket No.      | 1300-000008             |

| METHOD OF PAYMENT (check all that apply)  |              |          |          | FEE CALCULATION (continued)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
|---|--------------|----------|----------|--|--------------|--------------|----------|--------------|--------------|----------|----------|----------|----------|------------------------|----------|------|-----|------|-----|-------------------------------------|-----|-----------------------------------|----|------|----|--|-----|------|-----|---------------------------------------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|----|--|--------|------|--------|---|--|------|-----|-------------------------|----|--|-----|------|-----|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-----|------|-----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|---------------------------|--|--|--|-----------------------------------|--|--------------|---------|-----------------------------------|--|--|--|--|--|--|--|---|--|--|--|--------------|--------------|----------|----------|----------|----------|------|----|------|----|------------------------|--|--|--|------|-----|------|-----|-----------------------------------|--|--|--|------|-----|------|-----|---------------------------------------|--|--|--|------|-----|------|-----|--|--|--|--|------|----|------|----|--|--|--|--|-------------------------|--|--|--|-------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br>Order<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number      08-0750<br>Deposit Account Name      Harness, Dickey & Pierce, P.L.C.  |              |          |          | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td style="text-align: center;">Fee Description</td> <td style="text-align: center;">Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td>120</td> </tr> <tr> <td>1252</td> <td>460</td> <td>2252</td> <td>230</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1,050</td> <td>2253</td> <td>525</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,640</td> <td>2254</td> <td>820</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,230</td> <td>2255</td> <td>1,115</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>510</td> <td>2401</td> <td>255</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>510</td> <td>2402</td> <td>255</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,030</td> <td>2403</td> <td>515</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>510</td> <td>2452</td> <td>255</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,540</td> <td>2453</td> <td>770</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1462</td> <td>400</td> <td>1462</td> <td>400</td> <td>Petition fee under 37 CFR 1.17(f)</td> <td></td> </tr> <tr> <td>1463</td> <td>200</td> <td>1463</td> <td>200</td> <td>Petition fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1464</td> <td>130</td> <td>1464</td> <td>130</td> <td>Petition fee under 37 CFR 1.17(h)</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>810</td> <td>2809</td> <td>405</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>810</td> <td>2810</td> <td>405</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>810</td> <td>2801</td> <td>405</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2" style="text-align: right;">*Reduced by Basic Filing Fee Paid</td> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: right;">(\$120)</td> </tr> <tr> <th colspan="8" style="text-align: center;"><b>4. SEARCH/EXAMINATION FEES</b></th> </tr> <tr> <td colspan="4"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td colspan="4">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>210</td> <td>2201</td> <td>105</td> <td colspan="4">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>370</td> <td>2203</td> <td>185</td> <td colspan="4">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>210</td> <td>2204</td> <td>105</td> <td colspan="4">** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td colspan="4">** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)      (\$0)</td> <td colspan="4">SUBTOTAL (4)      (\$0)</td> </tr> </tbody> </table> </td> <td colspan="2"></td> </tr> </tbody> </table> |              |              |          | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052                              | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053                                  | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination             |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |    | 1805   | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 120 | 2251                    | 60 | Extension for reply within first month | 120 | 1252 | 460 | 2252 | 230 | Extension for reply within second month |  | 1253 | 1,050 | 2253 | 525 | Extension for reply within third month |  | 1254 | 1,640 | 2254 | 820 | Extension for reply within fourth month |  | 1255 | 2,230 | 2255 | 1,115 | Extension for reply within fifth month |  | 1401 | 510 | 2401 | 255 | Notice of Appeal |  | 1402 | 510 | 2402 | 255 | Filing a brief in support of an appeal |  | 1403 | 1,030 | 2403 | 515 | Request for oral hearing |  | 1452 | 510 | 2452 | 255 | Petition to revive – unavoidable |  | 1453 | 1,540 | 2453 | 770 | Petition to revive – unintentional |  | 1462 | 400 | 1462 | 400 | Petition fee under 37 CFR 1.17(f) |  | 1463 | 200 | 1463 | 200 | Petition fee under 37 CFR 1.17(g) |  | 1464 | 130 | 1464 | 130 | Petition fee under 37 CFR 1.17(h) |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 810 | 2809 | 405 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 810 | 2810 | 405 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 810 | 2801 | 405 | Request for Continued Examination (RCE) |  | Other fee (specify) _____ |  |  |  | *Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) | (\$120) | <b>4. 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| Large Entity  | Small Entity |          |          |  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| Fee Code  | Fee (\$)     | Fee Code | Fee (\$) | Fee Description  | Fee Paid     |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1051  | 130          | 2051     | 65       | Surcharge - late filing fee or oath  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1052  | 50           | 2052     | 25       | Surcharge - late provisional filing fee or cover sheet   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1053  | 130          | 1053     | 130      | Non-English specification  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1812  | 2,520        | 1812     | 2,520    | For filing a request for reexamination   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1804  | 920*         | 1804     | 920*     | Requesting publication of SIR prior to Examiner action   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1805  | 1,840*       | 1805     | 1,840*   | Requesting publication of SIR after Examiner action  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1251  | 120          | 2251     | 60       | Extension for reply within first month   | 120          |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1252  | 460          | 2252     | 230      | Extension for reply within second month  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1253  | 1,050        | 2253     | 525      | Extension for reply within third month   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1254  | 1,640        | 2254     | 820      | Extension for reply within fourth month  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1255  | 2,230        | 2255     | 1,115    | Extension for reply within fifth month   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1401  | 510          | 2401     | 255      | Notice of Appeal   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1402  | 510          | 2402     | 255      | Filing a brief in support of an appeal   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1403  | 1,030        | 2403     | 515      | Request for oral hearing   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1452  | 510          | 2452     | 255      | Petition to revive – unavoidable   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1453  | 1,540        | 2453     | 770      | Petition to revive – unintentional   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1462  | 400          | 1462     | 400      | Petition fee under 37 CFR 1.17(f)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1463  | 200          | 1463     | 200      | Petition fee under 37 CFR 1.17(g)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1464  | 130          | 1464     | 130      | Petition fee under 37 CFR 1.17(h)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1807  | 50           | 1807     | 50       | Processing fee under 37 CFR 1.17(q)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1806  | 180          | 1806     | 180      | Submission of Information Disclosure Stmt  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 8021  | 40           | 8021     | 40       | Recording each patent assignment per property (times number of properties)   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1809  | 810          | 2809     | 405      | Filing a submission after final rejection (37 CFR § 1.129(a))  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1810  | 810          | 2810     | 405      | For each additional invention to be examined (37 CFR § 1.129(b))   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1801  | 810          | 2801     | 405      | Request for Continued Examination (RCE)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| Other fee (specify) _____   |              |          |          | *Reduced by Basic Filing Fee Paid  |              | SUBTOTAL (3) | (\$120)  |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| <b>4. SEARCH/EXAMINATION FEES</b>   |              |          |          |  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td colspan="4">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>210</td> <td>2201</td> <td>105</td> <td colspan="4">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>370</td> <td>2203</td> <td>185</td> <td colspan="4">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>210</td> <td>2204</td> <td>105</td> <td colspan="4">** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td colspan="4">** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)      (\$0)</td> <td colspan="4">SUBTOTAL (4)      (\$0)</td> </tr> </tbody> </table> |              |          |          | Large Entity   | Small Entity | Fee Code     | Fee (\$) | Fee Code     | Fee (\$)     | 1202     | 50       | 2202     | 25       | Claims in excess of 20 |          |      |     | 1201 | 210 | 2201                                | 105 | Independent claims in excess of 3 |    |      |    | 1203   | 370 | 2203 | 185 | Multiple dependent claim, if not paid |     |                           |  | 1204 | 210   | 2204 | 105   | ** Reissue independent claims over original patent |  |      |      | 1205 | 50   | 2205   | 25 | ** Reissue claims in excess of 20 and over original patent |        |      |        | SUBTOTAL (2)      (\$0)                             |  |      |     | SUBTOTAL (4)      (\$0) |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| Large Entity  | Small Entity |          |          |  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| Fee Code  | Fee (\$)     | Fee Code | Fee (\$) |  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1202  | 50           | 2202     | 25       | Claims in excess of 20   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1201  | 210          | 2201     | 105      | Independent claims in excess of 3  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1203  | 370          | 2203     | 185      | Multiple dependent claim, if not paid  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1204  | 210          | 2204     | 105      | ** Reissue independent claims over original patent   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| 1205  | 50           | 2205     | 25       | ** Reissue claims in excess of 20 and over original patent   |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |
| SUBTOTAL (2)      (\$0)   |              |          |          | SUBTOTAL (4)      (\$0)  |              |              |          |              |              |          |          |          |          |                        |          |      |     |      |     |                                     |     |                                   |    |      |    |  |     |      |     |                                       |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |    |  |        |      |        |   |  |      |     |                         |    |  |     |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |     |      |     |                                   |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                           |  |  |  |                                   |  |              |         |                                   |  |  |  |  |  |  |  |   |  |  |  |              |              |          |          |          |          |      |    |      |    |                        |  |  |  |      |     |      |     |                                   |  |  |  |      |     |      |     |                                       |  |  |  |      |     |      |     |  |  |  |  |      |    |      |    |  |  |  |  |                         |  |  |  |                         |  |  |  |  |  |

\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                   |                                      |        |           |                   | Complete (if applicable) |  |
|-------------------|-------------------|--------------------------------------|--------|-----------|-------------------|--------------------------|--|
| Name (Print/Type) | Michael E. Hilton | Registration No.<br>(Attorney/Agent) | 33,509 | Telephone | 248-641-1600      |                          |  |
| Signature         |                   |                                      |        | Date      | November 13, 2007 |                          |  |

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